



April 16, 2009

Division of Water Surface Water Permits Branch ATTN: Mr. William Shane 200 Fair Oaks Lane Frankfort, KY 40601

Dear Mr. Shane:

Enclosed please find the requested completed Section XII Effluent Characteristics. I was quite surprised and alarmed that the application was returned since over all the years that we have completed this form and others, we have done it in the same manner and it has been acceptable. We do complete all the paperwork required by the state of KY and send it in on time with all the appropriate information. All of these reports are or should be at your offices.

I am hopeful that this completed form will suffice and that no other deficiencies will be determined.

Sincerely,

Sister Rita Scott Plant Administrator

4600

A. Number of bypass points:	0	10	If bypass points are indicated for each bypass.)	(es.) I, information below must be completed	
Check when bypass occurs:			Wet Weather	Dry Weather	
Give the number of bypass incidents			per year	per year	
Give average duration of bypass			hours	hours	
Give average volume per incident			1,000 gallons	1,000 gallons	
Give reason why bypass occurs:					
B. Number of Overflow Points:	(If dischar	rge is from an	overflow point, the informat	ion below must be completed.)	
Check when overflow occurs:	w occurs:		Vet Weather	Dry Weather	
Give the number of overflow inci	dents:		per year	per year	
Give average duration of overflow	v: -		hours	hours	
Give average volume per incident:			1,000 gallons	1,000 gallons	
C. Number of seasonal discharge	points		1121		
Give the number of times disch	narge occurs per y	ear			
Give the average volume per discharge occurrence		ce	(1,000 gallons)		
Give the average duration of each discharge			(days)		
List month(s) when the dischar	ge occurs				
	Name of the same				
K. AREA SERVED (see instruc		LUSS IGLL	- Administration of the Committee of the		
NAME		ACTUAL POPULATION SERVED			
Campus of Mount Saint Joseph		150 Full Time 10 to 100 Part-time, Weekends, etc.			
			O.		
TOT	AL POPULATIO	ON SERVED	250		

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERIS	STICS		
A. Indicate results of analysis for POLLUTANT/PARAMETER		AVG DAILY VALUE	
FOLLUTANI/FARANIETER			NUMBER OF SAMPLES
BOD ₅	20 MG/L	2 MG/L	/
TOTAL SUSPENDED SOLIDS	60 MG/L	10 MG/L	/
FECAL COLIFORM	400	8 CFU/100ML 2.50 MG/L	/
TOTAL RESIDUAL CHLORINE	N/A	2.50 MG/L	/
OIL AND GREASE		45	-/
CHEMICAL OXYGEN DEMAND	20 MG/L	2MG/L	/
TOTAL ORGANIC CARBON	REQUEST WAIVER	REQUEST WAIVER	
AMMONIA	4 MG/L	1.81 MG/L	/
DISCHARGE FLOW	0.0058	0.0658	1
рН	NOL6.00 OR > 9.00 S.U.	7.24 <i>5.</i> U.	/
TEMPERATURE (WINTER)		9.40°C	1
TEMPERATURE (SUMMER)		26.8°C	60

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B. Frequency and duration of flow:	

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):	
Sister Rita Scott Plant Administrator	270-229-4103	
SIGNATURE	DATE	
Sister Rita Scott	03/11/09	